

**NATURAL HERITAGE
REQUEST FOR REVIEW**

NAME OF COMPANY:

PERMITTING AGENT:

DATE:

PHONE NUMBER:

FAX NUMBER:

(TO BE USED FOR RETURN VERIFICATION)

CLIENT:

PARISH(ES):

PROSPECT NAME OR LINE NUMBER(S):

(SUBMITTED ON 1:24,000 SCALE TOPO MAP(S) AND ON 8 ½ x 11" MAP)

NAME(S) OF TOPOS SUBMITTED:

**DO NOT WRITE BELOW DASHED LINE
FOR DEPARTMENTAL USE ONLY**

DATE RECEIVED:

DATE APPROVED OR RESTRICTED:

RESTRICTIONS:

APPROVED:

ANY LINE OR PROJECT CHANGE MUST BE RESUBMITTED WITH A NEW REQUEST FOR REVIEW AND A MAP SHOWING THE LOCATION OF THE LINE OR PROJECT.